

KINDERGARTEN TEACHER QUESTIONNAIRE

FOR TEACHERS NEW TO THE STUDY

School ID#: _____

Teacher Name: _____

Teacher ID#: _____

Date Completed: ____/____/____

Prepared for the U.S. Department of Education
National Center for Education Statistics

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Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

Dear Teacher,

This booklet contains questions that seek information concerning you and your classroom as part of the Early Childhood Longitudinal Study Kindergarten Cohort (ECLS-K).

This questionnaire asks about:

- a) class organization and evaluation methods;
- b) your views on kindergarten readiness; and
- c) general information about you.

Please write your answers directly on the questionnaire by circling the appropriate number or by writing your response in the space provided.

Thank you very much for your help.

DEFINITIONS

Reference is made in the questionnaire to children with limited English proficiency (LEP). For this study, the following definition applies:

- Children with limited English proficiency (LEP): Children whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0719. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 555 New Jersey Avenue, N.W., Washington, DC 20208.

CLASS ORGANIZATION, CLASS ACTIVITIES, AND EVALUATION

1. Does your classroom have the following interest areas or centers for activities? CIRCLE ONE NUMBER ON EACH LINE. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.

	Yes	No
a. Reading area with books	1	2
b. Listening center	1	2
c. Writing center or area	1	2
d. Pocket chart or flannel board.....	1	2
e. Math area with manipulatives	1	2
f. Area for playing with puzzles and blocks (Legos, etc.)	1	2
g. Water or sand table	1	2
h. Computer area.....	1	2
i. Science or nature area with manipulatives.....	1	2
j. Dramatic play area or corner	1	2
k. Art area	1	2

2. How important is each of the following in evaluating the children in your class(es)? CIRCLE ONE NUMBER ON EACH LINE.

	Not important			Somewhat important			Very important			Extremely important			Not applicable
a. Individual child's achievement relative to the rest of the class.....	1	....	....	2	....	....	3	....	....	4	....	...	5
b. Individual child's achievement relative to local, state, or professional standards	1	....	....	2	....	....	3	....	....	4	....	...	5
c. Individual improvement or progress over past performance.....	1	....	....	2	....	....	3	....	....	4	....	...	5
d. Effort	1	....	....	2	....	....	3	....	....	4	....	...	5
e. Class participation	1	....	....	2	....	....	3	....	....	4	....	...	5
f. Daily attendance	1	....	....	2	....	....	3	....	....	4	....	...	5
g. Classroom behavior or conduct.....	1	....	....	2	....	....	3	....	....	4	....	...	5
h. Cooperativeness with other children	1	....	....	2	....	....	3	....	....	4	....	...	5
i. Ability to follow directions	1	....	....	2	....	....	3	....	....	4	....	...	5
j. Other method used in evaluating children (PLEASE SPECIFY):	1	....	....	2	....	....	3	....	....	4	....	...	5

3. Which of the following best describes your evaluation and grading practices for different types of children? CIRCLE ONLY ONE NUMBER.

I hold the same standards for most children, but I make exceptions for
children with special needs (for example, children with disabilities,
children with limited English proficiency)..... 01

I hold different standards for different children based on what I think they
are capable of..... 02

I hold the same standards for everyone in my class..... 03

VIEWS ON READINESS, SCHOOL CLIMATE, AND ENVIRONMENT

4. How important do you believe the following characteristics are for a child to be ready for kindergarten?
CIRCLE ONE NUMBER ON EACH LINE.

	Not important	Not very important	Somewhat important	Very important	Essential
a. Finishes tasks	1	2	3	4	5
b. Can count to 20 or more	1	2	3	4	5
c. Takes turns and shares	1	2	3	4	5
d. Has good problem-solving skills	1	2	3	4	5
e. Is able to use pencils and paint brushes	1	2	3	4	5
f. Is not disruptive of the class	1	2	3	4	5
g. Knows the English language	1	2	3	4	5
h. Is sensitive to other children's feelings.....	1	2	3	4	5
i. Sits still and pays attention	1	2	3	4	5
j. Knows most of the letters of the alphabet	1	2	3	4	5
k. Can follow directions.....	1	2	3	4	5
l. Identifies primary colors and shapes	1	2	3	4	5
m. Communicates needs, wants, and thoughts verbally in primary language	1	2	3	4	5

5. In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Which of the following are done in your school? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. I (or someone at the school) phone or send home information about the kindergarten program to parents.....	1	2
b. Preschoolers spend some time in the kindergarten classroom	1	2
c. The school days are shortened at the beginning of the school year	1	2
d. Parents and children visit kindergarten prior to the start of the school year	1	2
e. I (or another teacher) visit the homes of the children at the beginning of the school year	1	2
f. Parents come to the school for orientation prior to the start of the school year	1	2
g. Other transition activities (PLEASE DESCRIBE): _____	1	2

6. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. CIRCLE ONE NUMBER ON EACH LINE.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Attending preschool (for example, nursery, prekindergarten, or Head Start) is very important for success in kindergarten	1	2	3	4	5
b. Children who begin formal reading and math instruction in preschool will do better in elementary school.....	1	2	3	4	5
c. Parents should make sure their children know the alphabet before they start kindergarten	1	2	3	4	5
d. Most children should learn to read in kindergarten	1	2	3	4	5
e. Parents need help in learning how to teach their children how to read.....	1	2	3	4	5
f. Parents should set aside time every day for their kindergarten children to practice schoolwork	1	2	3	4	5
g. Homework should be given to kindergarten children almost every day	1	2	3	4	5
h. Parents should read to their children and play counting games at home regularly	1	2	3	4	5

7. Please indicate the extent to which you agree with each of the following statements on teaching. CIRCLE ONE NUMBER ON EACH LINE.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I really enjoy my present teaching job	1	2	3	4	5
b. I am certain I am making a difference in the lives of the children I teach	1	2	3	4	5
c. If I could start over, I would choose teaching again as my career	1	2	3	4	5

YOUR BACKGROUND

8. What is your gender?

Male..... 01

Female 02

9. In what year were you born? 19 ____

10. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

Yes 01

No..... 02

11. Which best describes your race? CIRCLE ONE OR MORE.

American Indian or Alaska Native 01

Asian 02

Black or African American..... 03

Native Hawaiian or Other Pacific Islander 04

White 05

12. Counting this school year, how many years have you taught each of the following grades and programs? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5) PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

	Total Years Grade or Program Taught
a. Preschool or Head Start	_____
b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade)	_____
c. First grade.....	_____
d. Second through fifth grade	_____
e. Sixth grade or higher	_____
f. English as a Second Language (ESL) program	_____
g. Bilingual education program	_____
h. Special education program	_____
i. Physical education program	_____
j. Art or music program	_____

13. Counting this school year, how many years have you taught in your current school including part-time teaching? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5).

_____ Years

14. What is the highest level of education you have completed? CIRCLE ONLY ONE NUMBER.

High school diploma or GED	01
Associate's degree	02
Bachelor's.....	03
At least one year of course work beyond a Bachelor's but not a graduate degree	04
Master's	05
Education specialist or professional diploma based on at least one year of course work past a Master's degree level.....	06
Doctorate	07
Other (PLEASE SPECIFY): _____	08

15. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

- a. Early childhood education 0 1 2 3 4 5 6+
- b. Elementary education 0 1 2 3 4 5 6+
- c. Special education 0 1 2 3 4 5 6+
- d. English as a Second Language (ESL) 0 1 2 3 4 5 6+
- e. Child development 0 1 2 3 4 5 6+
- f. Methods of teaching reading 0 1 2 3 4 5 6+
- g. Methods of teaching mathematics 0 1 2 3 4 5 6+
- h. Methods of teaching science 0 1 2 3 4 5 6+

16. What type of teaching certification do you have? CIRCLE ONLY ONE NUMBER.

- None 01
- Temporary, probational, provisional, or emergency certification 02
- Certificate for completion of an alternative certification program 03
- Regular certification but less than the highest available 04
- The highest certification available (permanent or long term) 05

17. In what areas are you certified? CIRCLE ONE NUMBER ON EACH LINE.

- | | Yes | No |
|--|-----|----|
| a. Elementary education | 1 | 2 |
| b. Early childhood | 1 | 2 |
| c. Other (PLEASE SPECIFY): _____ | 1 | 2 |

DATE QUESTIONNAIRE COMPLETED:

____/____/____
Month Day Year